

ALLIANT PLUS  
CONNECT



GroupHealth®

Getting the  
care you need



When you're deciding on a health plan, you've got lots of questions. Can I choose my own doctors? Will I find doctors that are close to my home or work? Is it easy to access specialty care and get my medications? Does this plan offer other benefits that will help me stay healthy? You'll find answers here to help you understand the specifics of how you can get care if you enroll in Alliant Plus or Connect plans.

For more information about our plans, please call Customer Service at 1-888-901-4636. We look forward to assisting you along every step of your health journey.

THE NETWORK

You can access in-network care from three major health organizations in the Puget Sound region and thousands of practitioners statewide. You can choose from award-winning\* doctors at Group Health Medical Centers, who are not available with any other health plan carrier, as well as physicians at Virginia Mason Medical Center and The Everett Clinic, plus any in-network provider in the state.



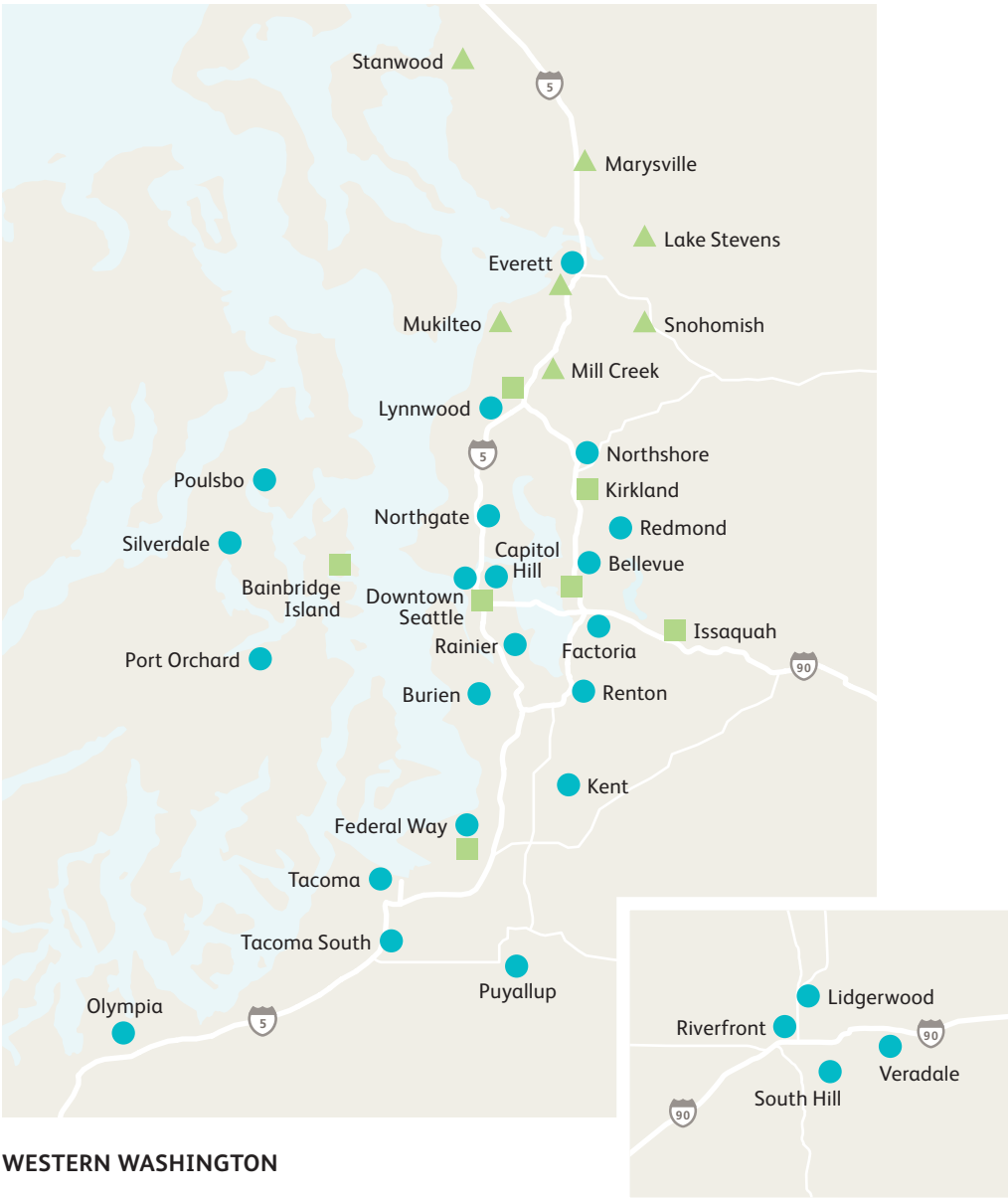
If you're willing to pay higher out-of-pocket costs, you can see any out-of-network provider in the regional First Choice Health network, national First Health Network, or any other licensed provider in the U.S. And you can switch personal physicians at any time.

IN-NETWORK	<b>Group Health Medical Centers</b> In-network care at 25 locations with nearly 1,100 doctors.**
	<b>Virginia Mason Medical Center</b> In-network care at 8 locations with more than 450 doctors.**
	<b>The Everett Clinic</b> In-network care at 16 locations with nearly 400 physicians.**
	<b>Other In-Network Providers</b> In-network care with more than 2,200 doctors** in our service area, plus thousands of additional practitioners.
OUT-OF-NETWORK	<b>First Choice Health</b> Out-of-network care at discounted costs with more than 50,000 regional doctors in Washington, Oregon, Idaho, Alaska, and Montana.
	<b>First Health Network</b> Out-of-network care at discounted costs with more than 590,000 doctors nationwide (outside of Washington, Oregon, Idaho, Alaska, and Montana).
	<b>Any Licensed Provider</b> Out-of-network care without any discounts from any licensed provider in the U.S.

\*2010 American Medical Group Association (AMGA) Acclaim Award  
\*\*Source: OIC Provider Network Form A

→ LOCATIONS

Here’s a list of cities and towns where you can find in-network providers. When you receive primary or specialty care at Group Health Medical Centers, you get access to our full breadth of services, including e-mail access to your doctor, online medical records, and much more. You can also receive in-network primary or specialty care at Virginia Mason Medical Center, The Everett Clinic, or thousands of other in-network providers.



WESTERN WASHINGTON

SPOKANE AREA

● **Group Health Medical Centers**

- Bellevue (2)
- Bothell
- Burien
- Everett
- Federal Way
- Kent
- Lynnwood
- Olympia
- Port Orchard
- Poulsbo
- Puyallup
- Redmond
- Renton
- Seattle (4)
- Silverdale
- Spokane (3)
- Spokane Valley
- Tacoma (2)

■ **Virginia Mason Medical Center**

- Bainbridge Island
- Bellevue
- Federal Way
- Issaquah
- Kirkland
- Lynnwood
- Seattle (2)

▲ **The Everett Clinic**

- Everett
- Lake Stevens
- Marysville
- Mill Creek
- Mukilteo
- Snohomish
- Stanwood

**Other in-network providers**

All provider locations may not be listed below. For the most current list of providers, visit our website at [ghc.org/provider](http://ghc.org/provider) and select “Alliant Plus” or “Connect.” Or you can call Customer Service.

Aberdeen	Enumclaw	Mount Vernon	Toppenish
Airway Heights	Everett	Mountlake	Troy
Anacortes	Everson	Terrace	Tukwila
Arlington	Fairfield	Mukilteo	Tumwater
Athol	Federal Way	Naches	Union Gap
Auburn	Ferndale	Napavine	University Place
Bainbridge Island	Fife	North Bend	Vashon
Belfair	Freeland	Oak Harbor	Waitsburg
Bellevue	Friday Harbor	Olympia	Walla Walla
Bellingham	Garfield	Palouse	Wapato
Benton City	Gig Harbor	Pasco	West Richland
Black Diamond	Grandview	Point Roberts	Woodinville
Blaine	Granite Falls	Port Orchard	Yakima
Bonney Lake	Greenbank	Post Falls	Yelm
Bothell	Hayden	Poulsbo	Zillah
Bremerton	Hayden Lake	Prosser	
Buckley	Hoquiam	Pullman	
Burien	Issaquah	Puyallup	
Burlington	Kenmore	Rathdrum	
Camano Island	Kennewick	Redmond	
Centralia	Kent	Renton	
Chattaroy	Kingston	Richland	
Chehalis	Kirkland	Rochester	
Cheney	La Conner	Saint John	
Clarkston	Lacey	Sammamish	
Cle Elum	Lake Forest Park	SeaTac	
Clinton	Lake Stevens	Seattle	
Coeur d’Alene	Lakewood	Sedro Woolley	
Colfax	Langley	Selah	
College Place	Lewiston	Shelton	
Connell	Liberty Lake	Shoreline	
Coupeville	Lopez Island	Silverdale	
Covington	Lynden	Snohomish	
Darrington	Lynnwood	Spanaway	
Dayton	Marysville	Spirit Lake	
Deer Park	McKenna	Spokane	
Des Moines	Mead	Spokane Valley	
Duvall	Medical Lake	Stanwood	
Eastsound	Mercer Island	Sultan	
Eatonville	Mill Creek	Sumner	
Edgewood	Milton	Sumas	
Edmonds	Milton-Freewater	Sunnyside	
Ellensburg	Monroe	Tacoma	
Elma	Moscow	Tenino	

Wherever you go, you’re never far from expert care.

When you’re away from home, you can get out-of-network care through the regional First Choice Health and national First Health Network or see any other licensed provider in the U.S. You also get access to any of Kaiser Permanente’s facilities at your level of coverage, including routine care. Contact Group Health Customer Service for the Kaiser Permanente Member Services toll-free numbers.

**What about emergency care?**

You’re covered for emergency and medically necessary urgent care anywhere in the world. If you’re admitted to a non–Group Health facility, you or a family member must call the Notification Line within 24 hours, or as soon as reasonably possible. If you need urgent care, call the Consulting Nurse helpline for assistance. We may be able to arrange for you to go to a facility where your cost shares will be lower. If your plan has a copayment, coinsurance, or deductible for emergency or urgent care, you’ll be billed accordingly.

**What if I need to be reimbursed?**

If you receive care at a non-affiliated hospital or medical center, you may be required to pay in full at the time of service. But don’t worry. When you get home, just mail us your completed claims form and medical receipts so we can reimburse you for any covered charges.

➔ SPECIALTY CARE

You can self-refer to many in-network specialists, but your personal primary care physician can advise you and help guide your total health care program. That’s why it’s a good idea to select the doctor who’s right for you right from the start. From arranging your laboratory tests, X-rays, and hospital care, to prescriptions, referring you to certain specialists, physical therapy, and more, your doctor is your partner in getting the care you need and improving your health.



Access to specialty care

IN-NETWORK

Doctors with Group Health Physicians, Virginia Mason Medical Center, and The Everett Clinic

You can self-refer for specialty care from many specialists within these three clinic systems, regardless of who provides your primary care. Once you’ve found an in-network specialist who you’d like to see, or one your primary care doctor has recommended to you, just call the specialist’s office and request an appointment. Or you can call Group Health Customer Service for assistance.

But again, it’s always a good idea to talk first with your personal physician as there are some exceptions. Specialists are listed online at [ghc.org/provider](http://ghc.org/provider) and in the provider directory.

Other in-network specialists

This network includes nearly 2,000\* in-network specialty care providers and services across the state. Your personal physician will need to request preauthorization from Group Health before referring you to most of these other in-network specialists.

OUT-OF-NETWORK

You can access out-of-network specialty care with participating providers or any licensed provider in the U.S. However, care received out-of-network generally will cost you more than in-network care. Preauthorization from Group Health is required for some specific specialty services.

First Choice Health and First Health Network specialists

Because Group Health Options, Inc. contracts with the regional First Choice Health and national First Health Network, these providers can offer covered services at discounted rates. As a result, when you see these providers:

- Your out-of-pocket expenses are based on the lower, negotiated fee.
- You’re not billed for any charges above what has been negotiated.

- There’s no paperwork for you. Providers send bills directly to Group Health Options, Inc.

All other specialists

If you see out-of-network licensed doctors who are not First Choice Health or First Health Network participating providers, you’ll be covered at your out-of-network benefit level for any covered services but the charges will not be discounted. These providers will bill you directly so you will have more paperwork than with in-network providers or out-of-network discounted providers. You will need to submit claim forms for covered care received out-of-network.

Access to alternative care

We know choice is important to you. That’s why you can choose from a variety of treatment options, including alternative medicine. From naturopathy to chiropractic care, what really matters is making sure you have access to the full range of health care that you might want to use. See your Summary of Benefits and Coverage for details about your plan’s coverage.

How can I access alternative care providers?

You can self-refer to a licensed chiropractor, acupuncturist, or naturopath in your network. And if you need to see a massage therapist, your personal physician can write a prescription and care plan for you.

How much of my alternative care is covered?

Some plans include a specific number of covered visits for naturopathy, acupuncture, and chiropractic care. Once you exhaust those visit limits, you may be eligible for more covered visits for naturopathy and acupuncture. Coverage for additional visits is dependent upon a provider review of your medical history and current health status. If more visits are deemed medically necessary, they will be covered at your plan’s benefit level.

Are there coverage exceptions?

Yes. Chiropractic care, in most cases, cannot be extended past the covered visit limit. However, there are a few exceptions to this rule for chiropractic care. Also, some plans may not offer any coverage for alternative care and, again, limitations to visits apply. Be sure to check your benefits booklet for details about your coverage.

What if I want care beyond what my plan covers?

All members can get access to alternative care through a non-covered program called Complementary Choices<sup>SM</sup>. You can learn more in “Perks to help you stay healthy” on page 8.

To see a list of our alternative care providers, visit [ghc.org/provider](http://ghc.org/provider).

More than 100 doctors with Group Health Physicians have been named “best in their fields” by their peers in the community.\*

Group Health Medical Centers

As a plan member, regardless of where you get your primary care, you have access to award-winning Group Health specialists. Simply call Customer Service at 1-888-901-4636 for a location nearest you and you will be connected to the appropriate appointment line. Individual specialists are listed online at [ghc.org/provider](http://ghc.org/provider).

Western Washington

Activity, Sport, and Exercise Medicine	Obstetrics/Gynecology
Allergy	Occupational Medicine
Audiology	Oncology
Cardiology	Ophthalmology
Dermatology	Optometry
Gastroenterology	Orthopedics
General Surgery	Otolaryngology
Hematology	Physical Therapy
Hospice	Psychiatry
Midwifery Services	Psychology
Nephrology	Pulmonary/Sleep Medicine
Neurology	Speech, Language, and Learning Services
	Urology

Spokane Area

Hematology	Optometry
Obstetrics/Gynecology	Physical Therapy
Occupational Medicine	Psychiatry
Oncology	Psychology

\*ghc.org/topdocs, 2013

\*Source: OIC Provider Network Form A



Safety. Security. Personalized service. That's what you can expect when you use Group Health's pharmacy system. From easy access to your medication records to a convenient online refill service, Group Health's Pharmacy Services is an added advantage to members.



## The basics

### Where can I fill my prescription?

GROUP HEALTH MEDICAL CENTERS, VIRGINIA MASON MEDICAL CENTER, AND THE EVERETT CLINIC

When you receive care at any of these facilities, you can get your prescriptions filled at (or transferred to) a pharmacy location at any of these three clinic systems. So no matter where you get your in-network care, you get access to all of these pharmacy locations for your prescription needs.

### OTHER IN-NETWORK PHARMACIES

If you don't have convenient access to a pharmacy at Group Health Medical Centers, Virginia Mason Medical Center, or The Everett Clinic or you receive care from another in-network doctor, you can have your prescriptions filled at any in-network pharmacy in your community. In-network pharmacies are listed at [ghc.org](http://ghc.org) in the Provider and Facility Directory.

### BY PHONE OR ONLINE

For refills that have been filled at least once at a Group Health Medical Centers pharmacy (or that have been transferred into our pharmacy system), you can phone in your prescription, use the Group Health

mobile app ([ghc.org/mobile](http://ghc.org/mobile)), or make a request online ([ghc.org/pharmacy](http://ghc.org/pharmacy)) for pick-up at a Group Health Medical Centers pharmacy or for home delivery by mail.

### OUT-OF-NETWORK COVERAGE

Your plan includes out-of-network coverage for prescription drugs. You may have your prescriptions filled at any in-network or out-of-network pharmacy according to your prescription drug benefit plan. You can access out-of-network coverage through MedImpact's national network of pharmacies. Visit [medimpact.com](http://medimpact.com) to locate one of these pharmacies near you.

### How many days supply can I order?

Depending on the type of medication, a prescription will be filled for either a 90-day supply or a 30-day supply at one time at Group Health Medical Centers pharmacies and at other in-network pharmacies. However, if the medication is not on the maintenance list, only a 30-day supply will be filled at a time.

### Do you have a home-delivery service?

Yes. Group Health's pharmacy system lets you order refills online or by phone, fax, or mail and have them delivered anywhere in the U.S. with no shipping charge for regular mail. On average, refills arrive within 3–5 days, but should be allowed up to 10 days.

### Can I use the Group Health mail-order service even if a non-Group Health or out-of-network provider wrote my prescription?

Yes. Just have the doctor's office fax, phone, or mail your new prescription to the Group Health Mail-Order Pharmacy. All members—even those without pharmacy coverage—can use this convenient service. You can find transfer forms online on [ghc.org](http://ghc.org).

## Safety

### What is a maintenance list?

A maintenance list includes medications that are taken regularly for a chronic condition, and do not raise significant concerns related to potential misuse, safety, or toxicity problems, and do not require frequent monitoring or dosing changes.

### What is preauthorization?

For certain medications, specific medical criteria need to be met before that medication is covered to ensure the highest level of patient safety. The physician needs to communicate to Group Health that the patient has met this criteria. Obtaining authorization before a medication is covered is called preauthorization.

### What is a formulary?

A formulary is a list of preferred medications that are covered as a pharmacy benefit. For many medical conditions, there are multiple medications with similar effectiveness and safety. By monitoring the cost and availability of medications, we can often provide an equally effective drug while reducing overall health care costs. Our formulary is used as a guideline for our providers and does not dictate what your physician can or cannot prescribe. The degree of coverage depends on your drug benefit plan.

### Who decides what drugs go on the formulary?

A committee of physicians and pharmacists meets quarterly and reviews new drugs as they become available on the market. They look at all known research and data related to the new drug and decide which ones will be on the formulary based on safety and effectiveness. Cost is taken into consideration when an equally effective and safe drug is already available.

### Why does the formulary sometimes list a generic drug and not a brand-name drug?

Generic-equivalent medications contain the same active ingredient as the brand-name medication but are more affordable. The generic medications become available as the patent for the more expensive brand runs out. To help you make the best use of your health care dollars, the formulary will list the generic

equivalent instead of the more expensive brand-name medication. Note: If you opt for a brand-name drug, and it's not medically necessary, you will be required to pay the difference in cost between the generic and brand-name drug in addition to a higher cost share.

### Why do doctors sometimes prescribe nonformulary drugs?

There are situations when the use of nonformulary drugs are warranted. Those situations can include patients who have developed intolerance to formulary medications or patients who have tried and not responded to formulary alternatives.

### What if I'm on a medication that's not on the formulary. Can I change my medication?

Yes, although that depends on the drug. Often there are drugs that are not on the formulary that would be covered. A discussion with your doctor or pharmacist will help to answer that question. For most common chronic conditions, there are generic alternatives covered on the formulary. Ask your doctor about generic alternatives whenever you get a prescription.

### Why can some drugs be refilled and others always need a new prescription?

How often a prescription can be refilled is related to its potential misuse, safety, or potential toxicity. For example:

- Noncontrolled prescriptions can be filled and refilled for one year from

the date they are written before a new prescription from a physician is needed.

- Schedule 3–5 prescriptions can be filled for six months from the date they are written or after they have been refilled five times (filled a total of six times) before a new prescription from a physician is needed.
- Schedule 2 prescriptions are not refillable and would require a new prescription from the physician.

## About coverage

### If my drug isn't on the formulary, what kind of coverage will I have?

Some plans provide limited coverage for nonformulary medications. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

### Would my nonformulary drug be covered under the generic or brand-name copayment?

Neither. Some health plans provide limited coverage for nonformulary medications. These usually have a higher copayment than the copayment for a generic or brand-name drug. Once you have a plan, contact your employer's benefit office or Group Health Customer Service for information regarding your specific plan benefits for prescriptions.

For pharmacy benefits and coverage questions, call Customer Service at 206-901-4636 or toll-free 1-888-901-4636. Or visit the Pharmacy Services page at [ghc.org/pharmacy](http://ghc.org/pharmacy) for more detailed information, including a list of in-network pharmacies.

**Perks to help you stay healthy.** Your health plan comes with a lot more than just coverage. These member perks provide additional ways for you to get care, take an active role in your health, and be the best you can possibly be.

**Classes, workshops, and support groups**

From birthing and baby care to living with chronic conditions such as diabetes, arthritis, and heart disease, these classes and other resources help you learn to live healthier. Visit “For Members” on [ghc.org](http://ghc.org) and select “Classes & Events.”



**Complementary Choices**

In addition to traditional medicine, we offer Complementary Choices. Receive a 20 percent discount on acupuncture, naturopathy, chiropractic care, massage, yoga, tai chi, Pilates, and personal trainers from a variety of network providers and other practitioners that participate in this program. Visit “For Members” on [ghc.org](http://ghc.org) and search “Complementary Choices” to learn more.



**Consulting Nurse Service**

Whether you have an illness, injury, or just want medical advice, the Consulting Nurse Service is just a phone call away, 24/7. Nurses can also view your online medical record when you receive care at a Group Health Medical Centers location. Call toll-free 1-800-297-6877.

**Eye Care Services**

Take advantage of discounts throughout the year on everything from designer frames and sunglasses to contact lenses at Group Health Medical Centers. Special discounts for federal employees, military, and retirees. Visit [gheyecare.org](http://gheyecare.org).

**Fitness center discounts**

This special resource gives you access to numerous affordable options to get fit and have fun. You’ll get discounts on more than 10,000 fitness facilities nationwide, plus exercise videos and equipment for the perfect home workout. The popular Nutrisystem® weight loss program is also available at valuable savings. Visit [globalfit.com/grouphealth](http://globalfit.com/grouphealth).



**Healthwise Knowledgebase**

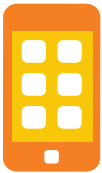
This online database might be the next best thing to having a doctor in the house. It’s a convenient, professional, reliable source for making better health care decisions. From what ails you to what confuses you, you’re sure to find advice and resources based on the latest scientific research and reviewed by Group Health doctors. Visit [ghc.org/kbase](http://ghc.org/kbase).

**Health Profile assessment**

Your Health Profile is an online, personalized health questionnaire about your lifestyle habits and any health conditions. Once completed, a color-coded report tells you how you’re doing, and offers recommendations for positive changes. Learn more at [ghc.org](http://ghc.org).

**Mobile app**

Group Health’s award-winning\* mobile app gives you easy access to your health care information, no matter where you are. The app is available for the iPhone® and Android™ smartphones, and includes many features available on our MyGroupHealth for Members website.



**MyGroupHealth for Members ([ghc.org](http://ghc.org))**

Choose a doctor, complete your Health Profile, order prescription refills, access articles and information on health topics,

and check your health coverage and benefit usage—all online. When you receive care at Group Health Medical Centers, you can also e-mail your health care team, view your lab results and online medical record, access the medical records of your children (aged 12 and younger), schedule appointments, and view your after-visit summaries.



**Tobacco cessation support**

If you’re a tobacco user, the Quit for Life® Program is designed to help you stop at no additional cost. Proven individual phone-based or face-to-face group programs give you the tools and assistance to quit for good. To register, call toll-free 1-800-462-5327 or visit [quitnow.net/GHC](http://quitnow.net/GHC).

Do you have more questions about our plans—or just need help signing up? Call Customer Service at 1-888-901-4636 and we’ll be happy to help you.

\*Mobile App of the Year, 2011 TechFlash Newsmaker Award

